RI SOS Filing Number: 201436733360 Date: 03/03/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
91928	AASTRA USA INC		
3. Principal office address: 2811 INTERNET BLVD	City: FRISCO	State: TX	Zip: 75034
4. Business Phone No.: 469-365-3846	5. State of Incorporation: DELAWARE		
6. Brief description of the character of business conducted in Rhode Island: SALE OF COMMUNICATION PRODUCTS AND SERVICES			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: ANTHONY SHEN			Vice-President Name: TIMOTHY WHITTINGTON		
Street Address: 2811 INTERNET BLVD			Street Address: 2811 INTERNET BLVD		
City: FRISCO	State: TX	Zip: 75034	City: FRISCO	State: TX	Zip: 75034
Secretary Name: JOHN TOBIA			Treasurer Name:		
Street Address: 2811 INTERNET BLVD			Street Address:		
City: FRISCO	State: TX	Zip: 75034	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: ANTHONY SHEN			Director Name:		
Street Address: 2811 INTERNET BLVD			Street Address:		
City: FRISCO	State: TX	Zip: 75034	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1	COMMON	10

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 03 2014
201594

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative — Date: 3/14/14

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103529-77-950584